

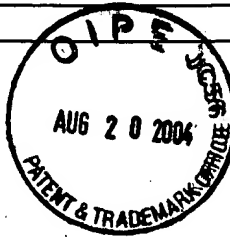
FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS

MORGAN LEWIS & BOCKIUS LLP
Two Palo Alto Square
3000 El Camino Real
Palo Alto, CA 94306



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTY'S DOCKET NO.	CONFIRMATION NO.
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09/912,687

07/24/2001

Moshe Shoham

061083-0003
(Formerly 10892-003-999)

7153

TITLE OF INVENTION: MINIATURE BONE-ATTACHED SURGICAL ROBOT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	YES	\$665	\$300	\$965	09/28/2004

EXAMINER	ART UNIT	CLASS-SUB CLASS
Nguyen, Vi X.	3731	606-130000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. Morgan Lewis & Bockius LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:
MAZOR SURGICAL TECHNOLOGIES LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Science Park Technion - Nesher
P.O. Box 212, Hanharisim 30
Nesher 36601, ISRAEL

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advanced Order - # of Copies 10

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☐ A check in the amount of the fee(s) enclosed☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0310 (enclose an extra copy of this form).

COMMISSIONER FOR PATENTS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Attorney: Thomas D. Kohler (Reg. No. 32,797)

August 20, 2004

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01 FC:2501

665.00 DA

02 FC:1504

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03 FC:8001

30.00 DA